

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 593387

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6	1		1			
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		2		2		
12		2		2		
13		2		2		
14		2		2		
15		2		2		
16		2		2		
17		2		2		
18		2		2		
19		2		2		
20		①		1		
21		①		1		
22		①		1		
23		①		1		
24		①		1		
25		①		1		
26		①		1		
27		①		1		
28		①		1		
29		1		1		
30		2		2		
31		2		2		
32		2		2		
33		2		2		
34		2		2		
35		①		1		
36		①		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		2		2		
42		2		2		
43		2		2		
44		2		2		
45						
46						
47						
48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	59	←	18	←		←
TOTAL CLAIMS	61		20			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						